

8th District Constituent Information Form



Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the PRIVACY ACT statement below, you are authorizing the federal agency involved to disclose such information to U.S. Congressman James Greenwood and/or members of his staff. Such information will be kept confidential by them.

PLEASE FILL IN THE REQUESTED INFORMATION, PRINT AND MAIL.

FULL NAME: (last)_____ (first)_____ (MI)_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

ID NUMBER (example- S.S): _____

REASON FOR REQUESTING ASSISTANCE:

Use reverse side if necessary. Attach copies of any letters, documents, etc., that you feel will be helpful in resolving your problem.

TO WHOM IT MAY CONCERN:

Pursuant to the provisions of 5 U.S.Code 552a (Privacy Act of 1974) P.L. 93-579, I hereby authorize the release of copies of, or information from my medical or any other records or files pertaining to me, to Congressman James C. Greenwood and/or his staff.

SIGNATURE: _____ DATE: _____